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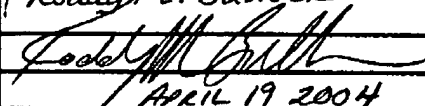
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PTO/SB/21 (02-04)

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| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number   | 10/628 190             |      |
|   | Filing Date          | 07-28-2003             |      |
|   | First Named Inventor | WEISENFELD             |      |
|   | Art Unit             | 2859                   |      |
|   | Examiner Name        |                        |      |
| Total Number of Pages in This Submission  | 3                    | Attorney Docket Number | NW-1 |

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| Firm or Individual name  | Roddy M. Bullock   |  |
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| <b>INFORMATION DISCLOSURE<br/>STATEMENT BY APPLICANT</b> |    | Application Number       | 10/628 190 |
|  |    | Filing Date              | 07/28/2003 |
|  |    | First Named Inventor     | WEISENFELD |
|  |    | Art Unit                 | 2859       |
|  |    | Examiner Name            |            |
| Sheet  | of | Attorney Docket Number   | NW-1       |

| U. S. PATENT DOCUMENTS |          |   |                                |  |   |
|------------------------|----------|---|--------------------------------|--|---|
| Examiner Initials*     | Cite No. | Document Number<br>Number-Kind Code <sup>2</sup> (if known) | Publication Date<br>MM-DD-YYYY | Name of Patentee or<br>Applicant of Cited Document | Pages, Columns, Lines, Where<br>Relevant Passages or Relevant<br>Figures Appear |
|                        |          | US- 958 050   | 05/17/1910                     | WHIPPLE  |   |
|                        |          | US- 1 008 352   | 01/11/1911                     | MEYERS   |   |
|                        |          | US- 1 544 818   | 07/07/1925                     | DAWSON   |   |
|                        |          | US- 1 654 545   | 01-03-1928                     | LINDSAY  |   |
|                        |          | US- 1 596 225   | 08-17-1926                     | ANDERSON   |   |
|                        |          | US- 1 697 988   | 01-08-1929                     | McNAMARA   |   |
|                        |          | US- 1 751 495   | 03-25-1930                     | ROBINSON   |   |
|                        |          | US- 2 969 793   | 01-31-1961                     | FURRER et al                                       |   |
|                        |          | US- 4 143 477   | 03-13-1979                     | REYNOLDS   |   |
|                        |          | US- 4 285 888   | 03-17-1981                     | BASTOGNE   |   |
|                        |          | US- 5 160 296   | 03-11-1992                     | KATE   |   |
|                        |          | US- 5 639 124   | 06-17-1997                     | JUNG   |   |
|                        |          | US- 5 836 098   | 11-17-1998                     | CARNEY   |   |
|                        |          | US- 5 918 955   | 07-06-1999                     | GRAHAM   |   |
|                        |          | US- 5 942 293   | 08-24-1999                     | OCHIPINTI et al                                    |   |
|                        |          | US- 5 953 843   | 09-21-1999                     | COLLINS et al                                      |   |
|                        |          | US- 6 354 027   | 03-12-2002                     | CUMMINGS   |   |

| FOREIGN PATENT DOCUMENTS |                       |                           |   |                                |  |   |
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|  |  | Application Number       | 10/628190              |      |
|  |  | Filing Date              | 07/28/2003             |      |
|  |  | First Named Inventor     | WEISENFELD             |      |
|  |  | Art Unit                 | 2859                   |      |
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|                        |                       | US- D 331 598   | 12-08-1992                     | MARTIN   |   |
|                        |                       | US- D 438 904   | 03-13-2001                     | REYNOLDS   |   |
|                        |                       | US-   |                                |  |   |
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